Quick Reference Guide to Completion of the S.C. Medicaid Trading Partner Agreement

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I.A.1., Name: Provider or organization name. The name must match the S.C. Medicaid Provider Number in I.A.2. For instance, if you have an organization name, you must provide a group ID; if you have an individual name, you must provide an individual ID. If you have both an individual and a group ID, you must complete two separate TPAs, one for each ID.

I.A.2., S.C. Medicaid Provider Number: The 6-digit provider ID. If you do not yet have a provider ID, you must contact South Carolina Medicaid Enrollment and apply for one before submitting a TPA to the EDI division. You may contact Enrollment at 803-788-7622, ext: 41650 to request an enrollment packet and to sign up for Electronic Funds Transfer.

I.A.4., **Address:** The provider's billing or street address.

<u>I.A.5.</u>, <u>Contact Name</u>: The provider's enrollment officer, or anyone who can answer questions about the completed TPA.

<u>I.A.6, 7, & 8, Contact Phone, E-mail and Fax</u>: Please complete all information. If we cannot reach you by phone, we will try to contact you via e-mail and fax.

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<u>Signing for EDI Partner:</u> An original signature is required; stamps, copies, or faxes are not accepted. The signature must be either that of the provider or the provider's authorized representative.

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<u>Provider Name, Medicaid ID#, address, and phone:</u> Must all be the same as the information provided on page 1.

NPI #: The National Provider ID for the provider ID listed. Do not leave this blank - we will not process the TPA without the NPI.

Name and Title: Must be the name and title of the person who signs pages 5 and 8.

<u>The Provider will submit claims...:</u> If you would like a Web Tool ID, indicate the number of user IDs needed. Each person must have their own user ID.

Other company or software: If you are using a third party to submit your claims, list the name of your clearinghouse or software vendor. If you have your own S.C. Medicaid Submitter ID, you can list it here.

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<u>Signature:</u> Must be the same individual who signed page 5 and who was reflected under "Name and Title" section on page 6.

Appendix B

Sharing Your NPI: If the TPA is for an individual provider, complete the Individual Provider section only. If the TPA is for a group ID, complete the Group section only. It is very important that the NPI that you provide is for the provider ID listed. Note: the TPA will not be processed without the NPI information. Information for obtaining and NPI number is located on page 1 of the TPA.